

**Family Planning Program**  
**Class D Pharmacy License Exemption Request**

**PART I – AGENCY/CLINIC INFORMATION**

Agency Name The Heidi Group				
Clinic Name (Clinic Requesting Waiver) Rio Grande Women's Clinic				
Clinic Address (Clinic Requesting Waiver - Physical Address) 2502 E Richardson Rd	City Edinburg	County Hidalgo	State TX	ZIP 78542
Contact Name Toni Moman	Contact Telephone Number 512-255-2088	Contact Email Address toni@heidigroup.org		

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
  - b) discussion of elimination of barriers to clients receiving medications, and
  - c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.
- a) The clinic has a relationship with full pharmacy at Rio Grande Hospital, 101 East Ridge Road in McAllen. There is also a relationship with Lee's Pharmacy (MoU included) which has two locations in the city. 1901 S 1st St. McAllen, TX 76180 5120 N 10th St. McAllen, TX 78503
- b) The RX's can be delivered by hospital pharmacy courier to the patient at the clinic site. If necessary for patient to make a second trip, patient may access pharmacy by personal transportation, bus line, or ride sharing service. Promotories may schedule transportation and private churches may provide transportation for distant clients because of the geographic make-up of the area and the need for adequate healthcare.
- c) The signed MoU Agreement with the pharmacy clearly states that there is to be no cost to the patient and that they will provide generic RX prescription for contraceptive methods; non-clinician administered hormonal contraceptive methods; antibiotics for treatment as needed. The Rio Grande Hospital pharmacy is located in the same building as the administration of the Rio Grande Clinic sites.

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

The exemption will allow the clinic to provide a prescription which can be immediately requested and delivered by the partner pharmacies. The association between the Clinic and the pharmacies allows clients qualified for the Family Planning Program to receive treatment and medications at no cost to them.

**PART IV – MEMORANDUM OF UNDERSTANDING (MoU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Signature

12/28/2016

Date

Class D Pharmacy Exemption Granted:  Yes  No

Signature

Date

## MEMO OF UNDERSTANDING

UDS Pharmacy has an agreement with RGRH Edinburg OB Clinic  
(Name of Pharmacy) (Doctor or Clinic)  
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

RGRH Edinburg OB Clinic will be billed for the prescriptions and in turn will seek reimbursement  
(Doctor or Clinic)

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) :
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

tsh  
\_\_\_\_\_  
Pharmacy Representative

Compliance Officer  
\_\_\_\_\_  
Title

12/28/16  
\_\_\_\_\_  
Date

Pharmacy Address:

1901 51st St.  
McAllen, TX  
78503

5120 N 10th St  
McAllen, TX 78503

(956)-686-3716

Heidi  
\_\_\_\_\_  
Physician or Clinic Representative

12-28-16  
\_\_\_\_\_  
Date

  
HEIDI  
GROUP



## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Rio Grande Women's Clinic Edinburg will provide the following documentation and services for the patients being treated through the Family Planning Program. The Rio Grande Clinic in Edinburg chooses to provide prescriptions by Memo of Understanding (1b).

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. If the clinic does not have a Class D Pharmacy License, it may apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



**Family Planning Program**  
**Class D Pharmacy License Exemption Request**

**PART I – AGENCY/CLINIC INFORMATION**

Agency Name <b>The Heidi Group</b>				
Clinic Name (Clinic Requesting Waiver) <b>Rio Grande Women's Clinic</b>				
Clinic Address (Clinic Requesting Waiver - Physical Address) <b>1/4 Mile W Buena Vista &amp; Hwy 83</b>	City <b>La Joya</b>	County <b>Hidalgo</b>	State <b>TX</b>	ZIP <b>78560</b>
Contact Name <b>Toni Moman</b>	Contact Telephone Number <b>512-255-2088</b>		Contact Email Address <b>toni@heidigroup.org</b>	

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
  - b) discussion of elimination of barriers to clients receiving medications, and
  - c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.
- a) The clinic has a relationship with full pharmacy at Rio Grande Hospital, 101 East Ridge Road in McAllen. There is also a relationship with Lee's Pharmacy (MoU included) which has two locations in the city. 1901 S 1st St. McAllen, TX 76180 5120 N 10th St. McAllen, TX 78503
- b) The RX's can be delivered by hospital pharmacy courier to the patient at the clinic site. If necessary for patient to make a second trip, patient may access pharmacy by personal transportation, bus line, or ride sharing service. Promotories may schedule transportation and private churches may provide transportation for distant clients because of the geographic make-up of the area and the need for adequate healthcare.
- c) The signed MoU Agreement with the pharmacy clearly states that there is to be no cost to the patient and that they will provide generic RX prescription for contraceptive methods; non-clinician administered hormonal contraceptive methods; antibiotics for treatment as needed. The Rio Grande Hospital pharmacy is located in the same building as the administration of the Rio Grande Clinic sites.

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

The exemption will allow the clinic to provide a prescription which can be immediately requested and delivered by the partner pharmacies. The association between the Clinic and the pharmacies allows clients qualified for the Family Planning Program to receive treatment and medications at no cost to them.

**PART IV – MEMORANDUM OF UNDERSTANDING (MOU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

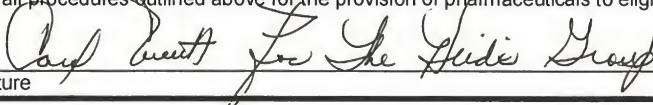
- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Signature



12/28/2016

Date

Class D Pharmacy Exemption Granted:  Yes  No

Signature

Date

## MEMO OF UNDERSTANDING

WAD's Pharmacy

(Name of Pharmacy) has an agreement with RGRH La Joya OB Clinic  
(Doctor or Clinic)

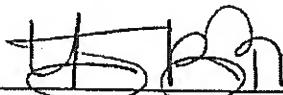
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

RGRH La Joya OB Clinic will be billed for the prescriptions and in turn will seek reimbursement  
(Doctor or Clinic)

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) :
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.



Pharmacy Representative



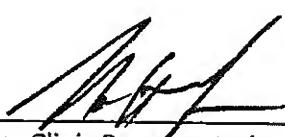
Title

12/28/16

Date

Pharmacy Address:

1901 S 1st St  
McAllen, TX 78180  
5120 N 10th St  
McAllen, TX 78503  
(956) 686-3716



Physician or Clinic Representative

12-28-16

Date



HEIDI  
GROUP



## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Rio Grande Women's Clinic La Joya will provide the following documentation and services for the patients being treated through the Family Planning Program. The Rio Grande Clinic in La Joya chooses to provide prescriptions by Memo of Understanding (1b).

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. If the clinic does not have a Class D Pharmacy License, it may apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



## Family Planning Program

### Class D Pharmacy License Exemption Request

**PART I – AGENCY/CLINIC INFORMATION**

Agency Name <b>The Heidi Group</b>				
Clinic Name (Clinic Requesting Waiver) <b>Rio Grande Women's Clinic</b>				
Clinic Address (Clinic Requesting Waiver - Physical Address) <b>222 East Ridge Road Suite 101</b>	City <b>McAllen</b>	County <b>Hidalgo</b>	State <b>TX</b>	ZIP <b>78501</b>
Contact Name <b>Toni Moman</b>	Contact Telephone Number <b>512-255-2088</b>		Contact Email Address <b>toni@heidigroup.org</b>	

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) The clinic has a relationship with full pharmacy at Rio Grande Hospital, 101 East Ridge Road in McAllen. There is also a relationship with Lee's Pharmacy (MoU included) which has two locations in the city. 1901 S 1st St. McAllen, TX 78503 5120 N 10th St. McAllen, TX 78503
- b) The RX's can be delivered by hospital pharmacy courier to the patient at the clinic site. The patient also has easy access to this pharmacy as it is directly across the street from the clinic site. If necessary for patient to make a second trip, patient may access pharmacy by personal transportation, bus line, or ride sharing service. Promotories may schedule transportation and private churches may provide transportation for distant clients because of the geographic make-up of the area and the need for adequate healthcare.
- c) The signed MoU Agreement with the pharmacy clearly states that there is to be no cost to the patient and that they will provide generic RX prescription for contraceptive methods; non-clinician administered hormonal contraceptive methods; antibiotics for treatment as needed. The Rio Grande Hospital pharmacy is located in the same building as the administration of the Rio Grande Clinic sites.

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

The exemption will allow the clinic to provide a prescription which can be immediately requested and delivered by the partner pharmacies. The association between the Clinic and the pharmacies allows clients qualified for the Family Planning Program to receive treatment and medications at no cost to them.

**PART IV – MEMORANDUM OF UNDERSTANDING (MOU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

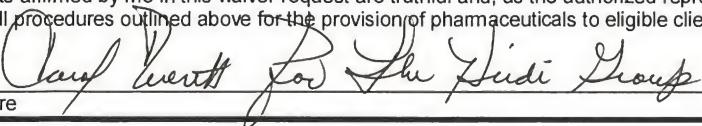
- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Signature



12/28/2016

Date

Class D Pharmacy Exemption Granted:  Yes  No

Signature

Date

## **MEMO OF UNDERSTANDING**

Woo's Pharmacy (Name of Pharmacy) has an agreement with RGRH McAllen OB Clinic (Doctor or Clinic) to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

RGRH McAllen OB Clinic will be billed for the prescriptions and in turn will seek reimbursement (Doctor or Clinic)

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) ;
  - anti-infectives for the treatment of STIs and other infections; and
  - other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

  
Pharmacy Representative

## Compliance Officer

**Title**

Date \_\_\_\_\_

**Pharmacy Address:**

1901 S 1st St. 5120 N 10<sup>th</sup> St.  
McAllen, TX 78503  
(956) 686-3716

**Physician or Clinic Representative**

Date \_\_\_\_\_





## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Rio Grande Women's Clinic McAllen will provide the following documentation and services for the patients being treated through the Family Planning Program. The Rio Grande Clinic in McAllen chooses to provide prescriptions by Memo of Understanding (1b).

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. If the clinic does not have a Class D Pharmacy License, it may apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



**Family Planning Program**  
**Class D Pharmacy License Exemption Request**

**PART I – AGENCY/CLINIC INFORMATION**

Agency Name <b>The Heidi Group</b>				
Clinic Name (Clinic Requesting Waiver) <b>Christy Scoggins Family Clinic</b>				
Clinic Address (Clinic Requesting Waiver - Physical Address) <b>1712 Hwy 1431 W Suite B</b>	City <b>Marble Falls</b>	County <b>Burnet</b>	State <b>TX</b>	ZIP <b>78654</b>
Contact Name <b>Toni Moman</b>	Contact Telephone Number <b>512-255-2088</b>	Contact Email Address <b>toni@heidigroup.org</b>		

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
  - b) discussion of elimination of barriers to clients receiving medications, and
  - c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.
- a) The clinic has a relationship with the pharmacies selected. Atkins Pharmacy is .9 miles from the clinic and Atkins Express Pharmacy is 1.9 miles from the clinic. Both are easily accessible by foot or automobile. Atkins Pharmacy 701 3rd St. Marble Falls, TX 78654 (830) 693-2972 Atkins Express 2607 US-281 Marble Falls, TX 78654 (830) 693-3784
- b) This small city is growing rapidly and has a mix of low income and high income residents. Public transportation is not available but the population is accustomed to traveling distances to receive services. The pharmacies provide a central location for clients to access by shared rides, bicycle, foot or automobile.
- c) The signed MoU Agreement with the pharmacy clearly states that there is to be no cost to the patient and that they will provide generic RX for contraceptive methods; non-clinician administered hormonal contraceptive methods; antibiotics for treatment as needed. Clinic has an on-going relationship with the pharmacy. A clinic or agency credit card will be kept on file.

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

The exemption will allow the clinic to provide a prescription which can be immediately dispensed by the partner pharmacy. This exemption will allow the Provider Clinic/Agency to provide prescriptions for clients qualified for the Family Planning Program at no cost to them. The clinic plans to apply for a Class D Pharmacy license.

**PART IV – MEMORANDUM OF UNDERSTANDING (MoU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

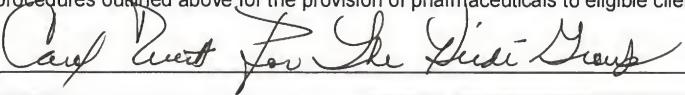
- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Signature



12/28/2016

Date

Class D Pharmacy Exemption Granted:  Yes  No

Signature

Date

**MEMO OF UNDERSTANDING**

Atkins Pharmacy has an agreement with Christy Scoggins Family Clinic  
(Name of Pharmacy) (Doctor or Clinic)  
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

Christy Scoggins Family Clinic will be billed for the prescriptions and in turn will seek reimbursement  
(Doctor or Clinic)

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring);
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.

Joe (Michael Lacey)  
Pharmacy Representative

PFC  
Title

12-18-2016  
Date

Pharmacy Address: M01 3<sup>rd</sup> St.  
Marble Falls, TX 78654  
(830) 693-2972

Christy Scoggins  
Physician or Clinic Representative

12/21/16  
Date



**MEMO OF UNDERSTANDING**

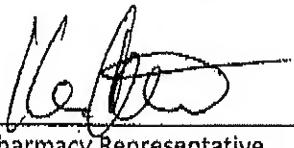
Atkins Express has an agreement with Christy Scoggins Family Clinic  
(Name of Pharmacy) (Doctor or Clinic)  
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

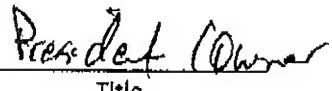
Christy Scoggins Family Clinic will be billed for the prescriptions and in turn will seek reimbursement  
(Doctor or Clinic)

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring);
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.

  
Pharmacy Representative

  
President/Owner

Title

12-28-2016  
Date

Pharmacy Address: 2607 US-281

Marble Falls, TX 78654  
(830) 693-3784

Christy Scoggins  
Physician or Clinic Representative

12/27/116  
Date





## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Christy Scoggins Family Clinic will provide the following documentation and services for the patients being treated through the Family Planning Program. The Christy Scoggins Family Clinic chooses to provide prescriptions by Memo of Understanding (1b).

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. If the clinic does not have a Class D Pharmacy License, it may apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



**Family Planning Program**  
**Class D Pharmacy License Exemption Request**

**PART I – AGENCY/CLINIC INFORMATION**

Agency Name <b>The Heidi Group</b>				
Clinic Name (Clinic Requesting Waiver) <b>Treat Now Family Clinic</b>				
Clinic Address (Clinic Requesting Waiver - Physical Address) <b>2916 Kraft St. Suite 60</b>	City <b>Arlington</b>	County <b>Tarrant</b>	State <b>TX</b>	ZIP <b>76010</b>
Contact Name <b>Toni Moman</b>	Contact Telephone Number <b>512-255-2088</b>		Contact Email Address <b>toni@heidigroup.org</b>	

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
  - b) discussion of elimination of barriers to clients receiving medications, and
  - c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.
- a) The Pharmacy is located 6.7 miles from the clinic site. The clinic has a relationship with the pharmacy. A-Class Pharmacy LLC 4907 S. Collins St., Ste 141 Arlington, TX 76018 (817) 466-7420
- b) The patient may access the pharmacy by bus line, personal transportation or a ride sharing service. The clinic and pharmacy are located in an accessible area for clients eligible for the Family Planning Program.
- c) The signed MoU Agreement with the pharmacy clearly states that there is to be no cost to the patient and that they will provide generic prescription for contraceptive methods; non-clinician administered hormonal contraceptive methods; antibiotics for treatment as needed. Clinic has an on-going relationship with the pharmacy. A clinic or agency credit card will be kept on file.

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

The exemption will allow the clinic to provide a prescription which can be immediately dispensed by the partner pharmacy. This exemption will allow the Provider Clinic/Agency to provide prescriptions for clients qualified for the Family Planning Program at no cost to them. The clinic is in the process of applying for a Class D Pharmacy license.

**PART IV – MEMORANDUM OF UNDERSTANDING (MOU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

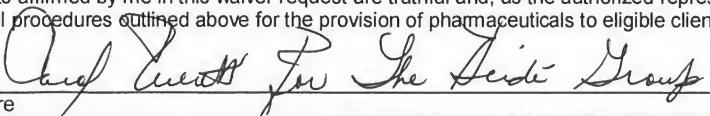
- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Signature



12/28/2016

Date

Class D Pharmacy Exemption Granted:  Yes  No

Signature

Date

## MEMO OF UNDERSTANDING

A class pharmacy has an agreement with Treat Now Family Clinic  
(Name of Pharmacy) (Doctor or Clinic)  
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

Treat Now family Clinic will be billed for the prescriptions and in turn will seek reimbursement  
(Doctor or Clinic)

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring);
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.

Bilad Eyyong Heidi Office Operations Manager  
Pharmacy Representative Title

12/26/16  
Date

A-Class Pharmacy, LLC  
Pharmacy Address: 4907 S. Collins St., Ste 141  
Arlington, TX 76018  
(817) 466-7420

Catherine Olson  
Physician or Clinic Representative

12-26-114  
Date

  
HEIDI  
GROUP



## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Treat Now Family Clinic Arlington will provide the following documentation and services for the patients being treated through the Family Planning Program. The Treat Now Clinic in Arlington chooses to provide prescriptions by Memo of Understanding (1b).

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. If the clinic does not have a Class D Pharmacy License, it may apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



**Family Planning Program**  
**Class D Pharmacy License Exemption Request**

**PART I – AGENCY/CLINIC INFORMATION**

Agency Name The Heidi Group				
Clinic Name (Clinic Requesting Waiver) Treat Now Family Clinic				
Clinic Address (Clinic Requesting Waiver - Physical Address) 108 A Southwest 6th Ave.	City Mineral Wells	County Palo Pinto	State TX	ZIP 76067
Contact Name Toni Moman	Contact Telephone Number 512-255-2088		Contact Email Address toni@heidigroup.org	

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
  - b) discussion of elimination of barriers to clients receiving medications, and
  - c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.
- a) The Pharmacy was selected for location and relationship with the clinic. It is next door to the clinic.  
Best Value Waddy Pharmacy 106 SW 6th Ave. Mineral Wells, TX 76067
- b) The patient may access the pharmacy by foot as it is next door to the clinic site.
- c) The signed MoU Agreement with the pharmacy clearly states that there is to be no cost to the patient and that they will provide generic prescription for contraceptive methods; non-clinician administered hormonal contraceptive methods; antibiotics for treatment as needed. Clinic has an on-going relationship with the pharmacy. A clinic or agency credit card will be kept on file.

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

The exemption will allow the clinic to provide a prescription which can be immediately dispensed by the partner pharmacy. This exemption will allow the Provider Clinic/Agency to provide prescriptions for clients qualified for the Family Planning Program. Without access to the proper medications at no cost to them. The clinic is in the process of applying for a Class D Pharmacy license.

**PART IV – MEMORANDUM OF UNDERSTANDING (MoU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Signature

1/3/2017

Date

Class D Pharmacy Exemption Granted:  Yes  No

Signature

Date

**MEMO OF UNDERSTANDING**

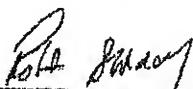
Best Value Waddy Pharmacy, 106 SW 6<sup>th</sup> Avenue, Mineral Wells, Texas 76067 has an agreement with Treat Now Family Clinic, 108 A SW Avenue, Mineral Wells, Texas 76067 to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

Treat Now Family Clinic will be billed for the prescriptions and in turn will seek reimbursement.

The agreement is for the pharmacy to fill the following generic medications at the usual and customary rate:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring);
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.



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Pharmacy Representative

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Title

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1/3/2017

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Date

Pharmacy Address:

106 SW 6<sup>th</sup> Ave  
Mineral Wells, TX 76067 (940) 325-0734



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Physician or Clinic Representative

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1/3/17

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Date



## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Treat Now Family Clinic Mineral Wells will provide the following documentation and services for the patients being treated through the Family Planning Program. The Treat Now Clinic in Mineral Wells chooses to provide prescriptions by Memo of Understanding (1b).

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. If the clinic does not have a Class D Pharmacy License, it may apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.

